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ORIGINAL DEPARTMENT.

Lectures.

A LECTURE ON STRYCHNIA.

Its Nature, Chemical Tests, Physiological Test, Action, Quantities taken, Post-Mortem Appearances, Medical Use, Diagnosis, and Treatment.

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[Continued from Vol. xii. page 587.]

VI. MEDICAL USE OF STRYCHNIA.

Strychnia has been employed for several years very extensively in the treatment of many diseases, more particularly those of a chronic character, such as hemiplegia, paraplegia, amaurosis, epilepsy, amenorrhœa, ague, dysentery, rheumatism, neuralgia, hysteria, palsy of the bladder, lead palsy and lead colic. Dr. NELIGAN was the first to recommend it in the latter disease. He gave the sixteenth part of a grain, three times a day. Relief generally took place in forty-eight hours. The bowels act, and the disease subsides. All writers caution against the use of strychnia in recent cases, or while general reaction prevails, or when signs exist either of local irritation in the brain or spinal cord, or of determination of blood to the brain.

"Strychnia," says HEADLAND, "causes a contraction of the muscles by stimulating the motor centers, and originating in them an impulse which is propagated along the motor nerves. So that when these centers are diseased, or the continuity of the fibres destroyed, it is unable to exert its power. It is used as a medicine in paralysis. But when the lesion is of recent occurrence in the nervous centre, or when it has been of so serious or extensive a nature as to admit of no repair in the course of time, the remedy will be ineffectual. It is only successful where the continuity of the nerves is complete, and where the nervous centres are in a measure sound. It is also of use when the motor system of nerves is depressed or deranged, as in hysteria and chorea."

Strychnia may be either administered in the form of pill or solution. The pills may be made

by rubbing and thoroughly mixing in a mortar one grain of strychnia with twenty grains of well-dried bread crumbs, or a few grains of the extract of gentian; the mass to be divided into sixteen pills. One of these may be given every eight hours, until muscular twitching is produced. In some cases it will be necessary to gradually increase the dose, until this effect is produced. It should not be carried beyond this point. If its effects should prove too severe, it may be discontinued for two or three days, when smaller doses may be given.

When used in paralysis, it must be given in doses sufficient to affect the muscular system very sensibly, and be continued for weeks, or it will do no good. I have known instances where improvement has taken place very quickly, and the cure has been perfected in a very short time. But in the great majority of cases the amendment will be slow, and the remedy have to be perseveringly used for a long time.

With many practitioners M. HALL's solution of strychnia, is a very common remedy for hysteria and chorea. It is prepared as follows:

R.	Pure crystals of strychnia,	grs. xvj.
	Alcohol and water,	aa f. 3viij.
	Tinct. of cardamum comp.,	f. 3iss.
	Acetic acid,	f. 3ss. M.

Dose—20 to 30 drops three times a day.

In chlorosis strychnia is a very important therapeutic agent; it assists the action of iron most wonderfully. And for several years past I never think of giving a patient afflicted with this disorder, iron without combining it with strychnia. In this case we need something more than a restorative hæmatic; the innervation is languid and very deficient, hence the demand for a nerve stimulant, and in strychnia we have the agent to fill the bill of our wants. Here is my favorite prescription for chlorosis:

R.	Sulph. ferri,	3j.
	Pulv. myrrh,	3ij.
	Strychnia,	gr. ij.
	Ext. gentianæ,	3j. M.

Ft. mass. et divide in pill. No. 60.

Sig: 2 pills three times a day, immediately after each meal.

In habitual constipation of the bowels, depending upon inertia, strychnia is frequently very use-

ful, and I am in the habit of prescribing it according to the following formula:

R.	Ext. colocynth. comp.,	ʒj.	
	Podophylline,	gr. iv.	
	Ext. rhei,	gr. xxx.	
	Ol. carui,	gtt. xv.	
	Strychnise,	gr. ij.	M.

Ft. mass. et divide in pill. No. 30.

Sig: One pill morning and evening, until the bowels are freely moved, when one may be taken every night on retiring to rest, or every other night if they should act too much upon the bowels.

In the nausea and vomiting which sometimes attend oxalluria and phosphuria, I am acquainted with no medical agent that will relieve these symptoms more speedily. It may be employed with nitric and muriatic acid, thus:

R.	Acidi nitrici,	f.ʒj.	
	Acidi hydrochlorici,	f.ʒij.	
	Strychnise,	gr. j.	
	Aque destil.,	f.ʒj.	M.

Sig: 8 to 10 drops three times a day, in a wine-glass full of mint tea.

In the chronic rheumatism of old people, and individuals who have abused themselves by hard labor, and exposure, strychnia in combination with cod liver oil, has in my hands proved a very useful remedy.

Twenty drops of HALL'S solution, or even more, in a tablespoonful of cod liver oil should be administered three times a day, about two hours after each meal, and where the urine is not secreted in abundance, a large teaspoonful of the acetate of potassa may be added. Strychnia when given alone will sometimes prove successful, but by giving it in connection with the medical agents just mentioned, you will find by happy experience that its remedial efficacy is greatly enhanced, and you should not fail to give it in doses sufficiently large to produce a decided effect upon the system; any thing short of this will not accomplish a cure in this most obstinate disease. Some writers consider strychnia a specific for chronic rheumatism. I would caution you against such pretensions, for experience has proved them to be false.

Strychnia is also employed externally, through the means of a fresh blistered surface. In amaurosis and facial neuralgia, it is used in this way. I once cured a very obstinate case of paralysis of the sphincter ani, in a man aged 55, by blistering the perineum, repeatedly, and sprinkling a fourth of a grain of the alkaloid over its surface three times a day. Previous to this the medicine had been given internally four weeks without any apparent improvement. Strychnia is absorbed from fresh blistered surfaces very easily and rapidly; hence it should be used cautiously,

from a fourth to half a grain, sprinkled on once or twice a day, is sufficient in most cases to accomplish the desired end.

There is one thing in regard to the administration of strychnia, that should never be lost sight of; and this is, the possibility of its accumulating in the system in such quantities as in the end to suddenly destroy life. I am aware that this is ignored by some writers. Dr. CHRISTISON, in his Dispensatory, says, "that it is not a cumulative poison, like mercury and digitalis." But there are cases on record which show very conclusively that it is, and I have met with several instances in my own practice, where it came very near proving fatal to the patient. I remember one case in particular; it was that of a middle aged woman, who I attended with diphtheria. Some ten days after convalescence, on rising from bed in the morning, I found that she could not swallow without great effort; there was partial paralysis of the muscles of deglutition. I ordered her the following:

R.	Ferri citrat.,	ʒj.	
	Sulph. quiniæ,	gr. xxx.	
	Strychnise,	gr. ij.	
	Ext. gentianæ,	ʒj.	M.

Ft. mass. et divide in pill. No. 30.

Sig: One pill every eight hours.

On the seventh morning I found her very much improved; the paralysis was disappearing slowly, and by a very strong effort she could swallow a few articles of solid food. As she experienced no disagreeable effects from the medicine, it was continued as directed above. On the morning of the tenth day I was summoned in haste to see her; she was laboring under pretty severe tetanic spasms. They continued at intervals of about twenty minutes, until two o'clock, when they ceased. The patient now appeared to be very much exhausted, but by the use of stimulants she speedily rallied, and to her great joy, every vestige of the paralysis had vanished. This case impressed me very forcibly with the cumulative properties of strychnia, and the necessity of exercising a fair amount of caution in its administration. Some systems, are also more susceptible to its action than others, and a dose that will scarcely be felt by one individual, will produce in another the most disagreeable effects. "I have known," says Dr. Wood, "a lady to be thrown into violent and even alarming spasms, almost threatening suffocation, by one-twelfth of a grain of strychnia." Let me caution you again then, to be very careful when you prescribe strychnia, to whom you prescribe it, and how you prescribe it, for it is a therapeutical agent of vast power, either for good or evil.

VII. DIAGNOSIS OF STRYCHNIA POISONING.

As cases of poisoning by strychnia are becoming more common every year, its diagnosis is a matter of considerable importance. I have not the least doubt but many individuals have been murdered with strychnia, while the cause of their death has been attributed to epilepsy, apoplexy, hydrophobia, or tetanus. In the absence of a knowledge of the fact that the alkaloid has been taken, are there any special symptoms to distinguish it from either of the disorders just named? Dr. S. H. BENNETT, in the *Edinburgh Medical and Surgical Journal*, July, 1854, describes a case of poisoning with strychnia, which might have been easily mistaken for a case of hydrophobia by a less experienced practitioner.

The patient, when first seen, which was about an hour after the poison had been taken, was in a rigid and trembling state, and the face almost manical in its expression. This was soon followed by a violent tetanic convulsion. Between the fits, she did not utter any expression of alarm, but would occasionally request a little water. The muscles of the jaws remained so rigid between the spasms that the attempt to introduce the stomach-pump was unsuccessful, and although some strong emetics were drank, it repeatedly occurred that the attempt of the patient to take liquids was followed by so violent a spasmodic fit as to prevent her swallowing them, and to give that apparent dread of water so well marked in cases of hydrophobia.

During the tetanic fit, the whole body was stiffened and straitened, the neck violently drawn back, the chest flexed, the eyes protruding from their sockets in a horrible manner, the legs pushed out and widely separated, the muscles of the face convulsed, pulse imperceptible, and no breathing could be perceived; the face was livid, more particularly the lips, and froth issued from the mouth. The pupil was also dilated during the paroxysm. It was impossible to produce any relaxation of the body during a fit, and if moved, the whole body remained in its rigid condition. As soon as death had taken place, which was in an hour and a half, the limbs relaxed, the face and lips gradually lost their livid hue, and became, as well as the body, extremely pallid.

In poisoning by strychnia, there is commonly no dread of water or other liquid. In hydrophobia, this constitutes its chief characteristic; the very sound of water will excite the most powerful spasms. Another marked difference between hydrophobia and strychnia poisoning is the state of the mental faculties. In the first disorder, the patient is delirious, and sometimes almost ungov-

ernable; in the latter, the mind is clear, and with the exception of a feeling of alarm, varying somewhat in intensity in different cases, the individual is calm, when not under the influence of the spasms.

The history of the case will also furnish a clue to the diagnosis. In hydrophobia, premonitory symptoms will manifest themselves for several days before spasms occur. The patient will complain of pain or some unusual sensation in the situation of the bite. In a few days, his manners become hurried and irritable; he speaks of pain and stiffness, perhaps, about the neck and throat; unexpectedly, he finds himself unable to swallow fluid, and every attempt to do so brings on a paroxysm of choking and sobbing of a very painful kind to behold; and this continues for two or three days, until the patient dies exhausted. In poisoning by strychnia, the invasion of the spasms is sudden, and the case terminates in a few minutes, or hours at the utmost.

The difference between tetanus and poisoning by strychnia is very marked. The difference consists mostly in the state of the jaws. In poisoning by strychnia, the jaws are only spasmodically closed during the violence of the paroxysm; the moment it subsides, they are easily opened. And, indeed, sometimes the individual lies with his mouth open during the interval between the spasms. This is not the case in tetanus; the jaws are permanently shut, and remain so until the disease terminates, which is most always fatally.

Dr. R. ADAMS, in his excellent article on strychnia, says, "that the diagnosis between ordinary tetanus and that form produced by strychnia, will be found by looking to the expression of the countenance rather than to any other single phenomenon. This expression is admitted by all to be most peculiar, and once looked upon with attention, it cannot be forgotten. The forehead is wrinkled transversely, and in the perpendicular direction, the eyebrows being drawn in a remarkable manner toward each other; the eyes are not fully opened, the nostrils are more or less dilated; the angles of the mouth are drawn backward and a little upward. These characteristic marks become momentarily exaggerated at every paroxysm."

Strychnia tetanus is also in its progress to a fatal result, much more rapid in its course than ordinary tetanus. The hands, in strychnia tetanus, are early and severely affected; in ordinary tetanus, the hands are the parts of all others, the last and the least affected. A rigid condition of the muscles exists in both cases, not only during

the actual paroxysm, but also during the interval between them. And this rigidity frequently remains after death, as a marked feature of the tremendous nervous and muscular disorder which has preceded the dissolution of the individual.

VIII. CONCLUSIONS AND TREATMENT.

There are five things in relation to strychnia which I regard as pretty well established.

1st. It is absorbed with great rapidity from the stomach and recent wounds.

2d. It is taken up by the blood and carried into all parts of the system.

3d. It acts as a special stimulant, principally upon the medulla oblongata and nervous centres downward, affecting the motor more than the sensory branches.

4th. It is chiefly through the urinary excretion that it is eliminated from the system.

5th. That as yet no chemical antidote has been discovered.

In view of the last fact, what course of treatment should be pursued when an overdose has been taken? If we have no chemical antidote, what are we to do? The indications, I think, are very plain. In the first place, the stomach must be thoroughly evacuated. This, to be of any use, must be done in a very few minutes after the poison has been taken. If delayed beyond twenty minutes, a quantity sufficient will be absorbed to do all the damage it is capable of doing. The stomach-pump should be used immediately. Emetics are too tardy in their action to meet our wants in this case. Milk, or a solution of *tannin*, (3ij to Oiv,) may be repeatedly injected into the stomach to remove the poison. If after this, no spasms occur, or are very slight, we may leave the case to the action of the vital forces to expel the remainder of the poison from the system. I am perfectly satisfied that very many of these cases will recover without any treatment, providing the dose has not been sufficiently large to destroy the patient's life during the first hour. Individuals who die after this time, succumb to some special complication, or die from the medical treatment. I am acquainted with one case where a young man took *two grains* of strychnia, with a view of self-destruction, and survived twelve hours. But it was not the strychnia that destroyed his life. He died from the effect of enormous doses of morphia, that were administered for the purpose of arresting the spasms.

I have known several instances where individuals have suffered the most alarming spasms, from taking an overdose of strychnia, and recovered without any medical treatment. Here is a

case in point. I transcribe it in full from my case-book:

June 7, 1846. Called this morning in haste to see Mr. B., aged 51. His wife informed me that he had had three very severe convulsions. That not feeling very well, he had taken five pills, about an hour before. When I approached him, I found that his muscular system throughout was rigid and trembling, and his countenance bearing marks of excitement and alarm. While in the act of examining the pulse, he was seized with a most violent convulsion, during which the whole body was convulsed; the neck was drawn back, the chest fixed, the eyelids were thrown wide open, and the pupils very much dilated. The face was livid, and froth issued from the mouth. The pulse was imperceptible, and the respiration suspended. This spasm lasted about five minutes.

When it left him, the pulse returned, and the respiration was only partially restored. The rigidity and trembling of the muscles continued. His jaws were partially relaxed, but he could not articulate a word; and on attempting to give him some medicine, I found he could not swallow. In about fifteen minutes he had another spasm, but not quite so violent as the first. I again attempted to give the medicine, but failed. After this, he had four spasms, at intervals of about twenty-five minutes. When they ceased, he appeared exhausted, and fell into a quiet sleep.

When I called in the evening, he was very comfortable: and after a little conversation in regard to his symptoms, he very jocosely asked if I knew what had been the cause of his fits. I suggested several things, but they were unsatisfactory. At last he informed me that the pills contained strychnia, about a grain and a quarter in all. They were some pills that had been left by a horse-doctor, a long time ago, for a sick filly, and having been placed in a box where they kept their medicines, he took them in a mistake. He recovered without any medicine.

When, however, the spasms are very violent, and threaten the life of the patient, we should by all means attempt to arrest them. The best known therapeutic agent for this purpose is CHLOROFORM. When inhaled, it has been known, on several occasions, to arrest the most violent tetanic spasms in a few minutes. Chloroform will suspend the characteristic action of strychnia, until the system has had time to eliminate the poison by the usual channels. Dr. LOWRIZ in his remarks on the practical use of chloroform inhalations in poisoning by strychnia, says: "There is

a dog in this room to which a poisonous dose of strychnia was given twelve hours ago. That dog has been kept under the influence of chloroform during that period, and hitherto, no symptom of its having swallowed strychnia has shown itself; we hope that we may keep it alive until the kidneys shall eliminate the whole of that strychnia. But even should we be disappointed in this, (he was disappointed, for the dog died sixteen hours afterward,) we must not conclude that it is a useless remedy. On the contrary, by suspending the action of the poison and prolonging life, it will give time for the use of the stomach-pump, and the exhibition of emetics, and enable us to sustain the strength by enemata. Further, if an antidote should ever be discovered, chloroform may be found to suspend the action of the poison, until the antidote shall altogether neutralize it."

To eliminate the poison from the blood, the oil of turpentine is superior to every other medical agent that I am acquainted with. When used in connection with alcohol, it is an active and powerful diuretic. Turpentine is absorbed very speedily, and enters the circulation nearly unchanged. When mixed with blood, it will readily dissolve any vegetable alkaloid that may be contained in it. For this purpose, I am in the habit of prescribing it as follows:

R. Alcohol,	f. 3ss
Ol. terebinth.,	f. 3j.
Mucillag. acaciæ,	f. 3iij. M.

This may be given at one dose. If it does not have the desired effect in one hour, it may be repeated. In poisoning by strychnia, I am confident that this is the best remedy that we can employ to eliminate the poison from the system. Given in this way, it will also sustain the flagging energies of the system when the spasms have subsided, for it is a general stimulant as well as a diuretic. But we should not forget that strychnia itself augments the flow of urine, and in this way becomes an important means of its own elimination. It is for this reason that we have concluded that in the milder cases of strychnia poisoning, it is better to leave them in the hands of nature, who will always interpose in their behalf, and expel the enemy from the citadel of life. That she has the ability to do this, is abundantly evident from the case that I have just cited, and also from the case of Dr. WEBSTER, who, on the night he was arrested for the murder of Dr. PARKMAN, took two grains of strychnia, and recovered without medical treatment.

Communications.

BIOGRAPHICAL SKETCHES

OF

Distinguished Living New York Surgeons.

By SAM'L W. FRANCIS, M. D.,

Fellow of the New York Academy of Medicine.

No. 11.

Alexander H. Stevens.

"Ιατρικη Παιδαγωγικη."

ALEXANDER H. STEVENS was born in the city of New York, on the fourth day of September, 1789, and, though 76 years of age, and having retired from the busy pursuits of an active professional life, he still cherishes the same love for his honorable calling, and enters fully into all the interesting details of a physician's experience. His father, EBENEZER STEVENS, of Revolutionary reputation, formed one of the memorable party, that, urged on by indomitable courage and upright integrity, boarded the vessels in Boston harbor, and cast the taxed tea into the waters of that port. During the war between America and the oppressing English, he enlisted in the Federal army, and fought bravely at the respective battles of Saratoga and Yorktown, having been promoted to the responsible rank of colonel of artillery. At the close of the war, Colonel STEVENS married Miss LEDYARD, whose noble brother, Colonel LEDYARD, fell at Groton. Her nephew was the celebrated traveller, LEDYARD, whose experience has been so instructively portrayed for the benefit of those who entertain a sympathy with adventure and a desire to learn.

At ten years of age, young ALEXANDER was placed under the supervision of JOHN ADAMS, who prepared him for college in a select school at Plainfield. When but fourteen years old, ALEXANDER was so well prepared in the classical and mathematical branches of study, that he entered Yale College, and remained faithful to his post till he was graduated Bachelor of Arts, with high honors, in the year 1807.

Exhibiting a fond desire to become an M. D., ALEXANDER entered the office of Dr. EDWARD MILLER, where the preliminary principles of anatomical knowledge were instilled into his tentative mind. He then attended one course of medical lectures in the College of Physicians and Surgeons, and subsequently a second one in the University of Pennsylvania, from which latter institution he received his diploma, having been formally graduated. Dr. STEVENS' Thesis "On the Proximate Cause of Inflammation," received the

praise of many learned writers, prominently among whom was Dr. RUSH.

Desirous of benefitting by the experience of European philosophers in surgery, young STEVENS took passage in a sailing vessel for France in the year 1811, about the time that England sought to rule over American seas and United States merchantmen. As fate would have it, he was captured by "an English cruiser," and after some delay, landed at Plymouth. Availing himself of the present circumstances, the Doctor wended his way to the schools of London, and sat under the erudite COOPER, at the same time attending the comprehensive lectures of the appreciated ABERNETHY. In the following year, he left the British Isles, and visited Paris, availing himself of the clinical advantages that were unfolded by the experienced BOYER and popular BARON LARREY. Meanwhile, active part had been taken between England and his native country; the Atlantic Ocean sustained warlike vessels of both countries, and it was his fortune to fall in with a British cruiser on his return to the United States. He was taken prisoner a second time, and, relanded at Plymouth, where he remained until the proper papers could be taken out and signed, when he was permitted to return to New York in a cartel. Immediately on his arrival, he was created surgeon in the army, a position in which he saw much of practical importance, and proved himself not wanting in efficient usefulness.

Not long after this, Dr. STEVENS was called to fill the chair of Professor of Surgery in the New York Medical Institution; and in 1814, we find him lecturing to ambitious students and discoursing on the play of muscles. In 1818, he was chosen to officiate under the responsible obligations of Surgeon to the New York Hospital, where he at once carried out the European plan of bedside demonstrations and clinical treatment. This course of instruction was also being followed by Dr. VALENTINE MOTT. A cotemporary of that time said in my presence that it was exceedingly interesting to see the admiring students crowding round these two expounders of the art of cutting, unfolded, as it was, on two distinct and separate principles. Dr. STEVENS remarked before the Academy of Medicine, in speaking of Dr. MOTT's death, that it had been his (Dr. STEVENS's) habit not unfrequently to cut in a manner purposely avoiding neatness, in order to show his students that patients could get well without that delicacy of manipulation and nicety of treatment which some surgeons deemed so essential. On the same occasion, he also stated that he had never known any surgeon who possessed that

power of resource in difficult and dangerous emergencies, which seemed so natural to Dr. MOTT. In 1825, he was chosen Professor of Surgery in the College of Physicians and Surgeons.

Dr. STEVENS continued to be connected with this and the New York Hospital till his health began to fail, when, in 1838, he resigned his place, and confined himself more particularly to the duties of consulting surgeon in public and private practice. A suitable testimonial was drawn up by those connected with the New York Hospital and the College, and presented to Dr. STEVENS with appropriate remarks. About this time, he was elected by the regents Emeritus Professor of Surgery, and also Consulting Surgeon to the New York Hospital, which latter appointment was made by the Governor. A truthful portrait of the Doctor's expressive features was presented by his attached class to the New York Hospital, and was hung on the walls of the Governors' room.

In 1841, Dr. STEVENS was appointed President of the College of Physicians and Surgeons, by the regents, and continued to fill that honorable position for many years. The New York State Medical Society saw fit to nominate and elect Dr. STEVENS as their President, and when he delivered an able address before the assembled members, both Houses of the Legislature, and other prominent citizens voted for its publication for the benefit of those who had not heard it, and the additional interest of those who had.

Dr. STEVENS' literary attainments in the way of reading and general culture, together with his high standing as a practical surgeon, caused him to be publicly honored by having the title of LL.D., conferred upon his name. In the following year, 1847, he was created Vice-President, and, in 1848, President of the American Medical Association, in which useful organization he has taken the liveliest interest. Not a few of the important acts in this Association are indebted to Dr. STEVENS' wise forethought for their first inception.

Not long since, Dr. STEVENS retired altogether from the practice of physic, and the equally responsible office of operating surgeon. Being enamored of the rich simplicity of a rural life, he has taken up his residence at Lloyd's Neck, Long Island, where his leisure moments are passed in recording for the benefit of future generations the events of the past, and his experience of a varied and interesting life. This autobiography will no doubt find its way to the shelves of many who feel a kindred love for similar subjects. Dr. STEVENS

Stevens has devoted more of his life to acting, reading, and thinking, than writing; but though his works are few in number, many of the facts contained in them have brought to light important details, and proved of interest to aspiring surgeons. Most of them are to be found in the medical periodicals of the day. In the operating field, Dr. Stevens has likewise endeavored to ascertain more about present operations and improvements upon them, rather than seek to explore new regions or propose a novel treatment. His suggestions in relation to Almshouses, and particularly the welfare of the Insane, have been of service in bringing the subject before the proper authorities, and roused the sluggish minds of political speculators to an active sense of their responsibilities.

Hospital Reports.

PHILADELPHIA HOSPITAL, }
January, 1865.

MEDICAL CLINIC BY DR. J. M. DA COSTA.

Reported by William H. Ford, M. D., Resident Physician.

Acute Bright's Disease.

L. M., æt. 31, native of Delaware. About four weeks ago she was seized with pain in the back, but especially in the left lumbar region, which was preceded by rigors and fever. As accompanying symptoms, she had headache and nausea. Several days afterward, her face became swollen, and soon there was general edematous effusion. Subsequently, an effusion took place into the abdominal cavity. Her urine, to-day, contains a considerable amount of albumen; but it is free from blood corpuscles, tube-casts, etc. It is clear, of a light straw color, slightly acid, and has a specific gravity of 1010.

There is now scarcely any dropsy of the hands, but there is still edema of the lower extremities, which pit on pressure. There are evident signs of the presence of fluid in the abdomen. The heart's action is normal. The liver is not increased in size, but is even somewhat diminished in size. There are no hepatic phenomena to account for the symptoms. What then is the cause of these symptoms? It is evident, from the history of the case, that there was at first an attack of acute dropsy, or acute Bright's disease.

This disease in former times was not well understood. Its secondary affections were considered the primary disease; and this is not to be wondered at, as it is by these that our suspicion of the primary disorder is, in general, first aroused.

It was, at one time, thought to be an inflammation of the peritoneum; at another, an inflammation of the lymphatics, etc. We now know that it is a disease of the kidney. An acute dropsy is almost always an acute albuminuria. There is congestion of the kidney, and a deposit of blood corpuscles and tube-casts in the urine. There is no reason to doubt that this is a case of acute Bright's disease, though we do not find any blood corpuscles, or tube-casts in the urine at the present time. Their absence rather favors our view, as the blood corpuscles and tube-casts disappear before the albumen, during convalescence. It is a curable case, provided no hepatic complications arise.

Treatment. The following treatment would have been applicable at the onset of the disease. When she had fever, pain in the loins, and hæmaturia, six or eight ounces of blood should have been taken from the lumbar regions by cups. Mild diuretics should have been employed, such as the tincture of digitalis, or cream of tartar. Dover's powder at night, or the vapor bath, to produce normal action of the skin. There should have been perfect rest in bed, which is essential to the cure of the patient.

As the acute symptoms have disappeared, we have only the albuminuria and dropsy to deal with. Stimulating diuretics are interdicted. Mild diuretics will be prescribed, and such as will act as astringents upon the kidneys. The tincture of the peracetate of iron, given in teaspoonful doses, three times a day, will fulfill these indications. It is both diuretic and astringent, and counteracts and prevents the destruction of blood corpuscles, which always takes place in this disease. It is, moreover, very acceptable to the stomach.

In order to get rid of the fluid, the iron will be serviceable; but, in addition to this, we may use cream of tartar, which is valuable as a diuretic and mild laxative. Wine is admissible. A favorite prescription of Dr. Baiour's was port wine and gallic acid. There is no need of the gallic acid, as we are using an astringent. Nourishing, easily digested diet must be employed.

March 1st, 1865. The ascites has almost entirely disappeared, but there is still slight edema of the inferior extremities, and some albumen in the urine. Her general health is very much improved.

Diabetes Insidicus.

J. H., æt. 65, a native of Ireland. He has had a troublesome cough four years, following pneumonia of the right side. For about three months he has been passing a large quantity of water daily,

(about three or four quarts in the twenty-four hours,) usually without uneasiness or pain, although when this diuresis first began, he says, he had some pain in the loins. He has been much annoyed by thirst, and by frequent urination. He has a poor appetite, and his bowels are occasionally constipated. He is becoming emaciated rapidly, and is daily losing strength. His mind is dejected.

The patient is now passing large quantities of urine. Though there was pain in the kidney regions at first, there is none there now.

Here is a case in which there is an excessive flow of urine, such as exists in diabetes mellitus. It is important to determine if there be any sugar present in the urine. There are several tests by which the presence of sugar in the urine may be detected.

Potassa, or Moore's Test. It consists in boiling equal quantities of the suspected urine and liquor potassæ; if sugar be present, a rich brownish color will be produced.

Trommer's Test. Boil the suspected urine with sulphate of copper and potassa; a red suboxide of copper will be precipitated by the action of the sugar.

A very ready test is that of BARRESWIL. The following is the formula for its preparation:

R. Potassæ bitart.,	gr. xcvj.
Sodæ carb. (cryst.),	gr. xcvj.
Cupri sulphat.,	gr. xxxij.
Potassæ,	gr. lxiv.
Aquæ,	f. ʒij. M.

If equal bulks of this mixture and diabetic urine be boiled, a fawn-colored suboxide of copper will be deposited.

In examining this man's urine (which is high-colored, and has a specific gravity of 1019) by means of this test, its character remains unchanged; there is, therefore, no sugar in the urine. In order to form a comparison, a specimen of artificial grape-sugar urine has been prepared, which, when subjected to this test, produces the dark-red suboxide of copper.

This case is of great interest; it is one of diabetes insipidus, or hydruria. This is the cause of the extreme thirst and emaciation, and possibly of the chronic pulmonary trouble. Unlike diabetes mellitus, and like hysteria, this affection gives rise to nervous symptoms. It differs from the apparent diuresis of hysterical women in this particular—that while there is in hysterical women, a disposition to urinate frequently, no inordinate amount of urine is passed in the twenty-four hours.

This affection sometimes follows sunstroke. A

case* of this description was admitted to this hospital some years ago, during Dr. DA COSTA's service. The man, æt. 24, passed, daily, from thirty-six to forty pints of limpid urine, of a very low specific gravity, in which, by several tests repeatedly employed, not a trace of sugar could be detected. He stated that he had been in good health until about five months previously, when he had a sunstroke while laboring on a building. He was for awhile insensible, and from that time had had constant pain in the head, and had been unable to work. He lost flesh rapidly, and was much annoyed by a frequent and excessive emission of urine. Beyond the symptoms mentioned, very little was found in the case. All the internal viscera appeared to be healthy; the bowels were constipated. For upwards of a week he improved, voiding only seventeen pints in the twenty-four hours. But he then relapsed. Suddenly he was seized with a complete suppression of urine. The function of the kidneys was re-established, but diuresis did not return, and he died on the fifth day after the suppression of urine, and about six months after the sunstroke, with the symptoms of uræmic poisoning.

In this disease the blood does not appear to be altered. We may call this disease a functional disturbance, but there is some cause existing in the sympathetic system, or spinal marrow, which microscopical analysis and the most delicate means of research have failed to detect. It follows then, that chronic hydruria is not a disease of the kidney, but of the nervous system.

Prognosis. It is not as unfavorable as when, with a large quantity of urine, sugar is present. Yet chronic hydruria is not a harmless disease, as the case referred to before proves. In a case recorded in *Watson's Practice*, the patient was worn out by the constant drainage upon his system, and died of emaciation.

Treatment. Nervous tonics should be steadily administered. This patient is taking the tincture of the chloride of iron and cod liver oil. We will order the following pill to be taken every night:

R. Extract. belladonnæ,	gr. i.
Extract. ignatiæ alcohol.,	gr. ss.
Misce, et fiat pil. j.	

This is a tonic anodyne, and it also moderates the activity of the kidney. Tincture of cantharis has been recommended as a successful remedy, but there was probably atony of the bladder, and hence its success.

* Da Costa's Med. Diagnosis, page 667.

EDITORIAL DEPARTMENT.

Periscope.

Puerperal Fever.

In his lectures on puerperal fever, Dr. BARNES, sums up the connection between puerperal fever, and the local and constitutional conditions derived from pregnancy and labour:—

1. Pregnancy induces a degraded condition of blood; throws an excessive burden upon the excreting apparatus; impedes the freedom of the circulation; causes hypertrophy of the heart.

2. Labour adds to the condition left by pregnancy: shock; extensive local injury; an enormous waste of nerve and muscle, the consequence of physical exertion; greater degeneration of blood from this conversion of nerve and muscle, and also from the proceeds of the involution of the uterine tissues.

3. Hence a greatly exalted stress upon the excretory organs, and a general deterioration of the solids and fluids, inducing feeble physiological action, and therefore tendency to fall into pathological action; that is, to generate what in the strictest sense may be called puerperal fever.

He remarks at another place in the same number of the *Lancet*.

"How important, then, is it to *shorten labor*!—that is, to cut short the waste of nerve and muscle, and to prevent unnecessary adulteration of the blood. Thus physiology emphatically condemns the old rule to let the head lie four or six hours in the pelvis before we interfere to release the patient from the torture of suspense, and the agony of fruitless exertion. There can be no shadow of doubt that the timely use of the forceps may often save a woman from puerperal fever. I have also some reason to believe that in some cases chloroform, by removing the dread of pain and eliminating hurtful emotion, materially lessens the evils of excessive nervous action, and may thus indirectly lessen the danger of puerperal fever. It must not, however, be supposed that chloroform confers immunity against this disease."

At the last meeting of the *Obstetric Society* of London, Dr. SNOW related the history of a very interesting case, and in conclusion presented the following deductions.

1. "The phenomena of puerperal fever may be produced by the introduction of poisonous fluids into the general system.

2. The uterine sinuses remaining pervious to the flow of fluids, would afford a means by which the poisonous fluid or fluids would enter the system.

3. The pervious condition of the sinuses remained in consequence of the absence of that firm and persistent contraction of the uterus after childbirth, which appears necessary to effectually close these canals, and prevent all circulation of fluid along them.

4. The secretion from the interior of the uterus

was probably sufficient, when mixed with the blood, to induce the effects observed. And it would further follow that—

5. The various phenomena observed in puerperal fever may arise from this cause, modified infinitely by many incidental states; and the various inflammatory actions and products observed in the course of the disease would not be the essential parts of the disease, but morbid phenomena which occurred during the course of it.

6. The primary, though not the only object in the prevention of these attacks of puerperal fever will then be to procure a firm, complete, and persistent contraction of the uterus after the birth of the child and thus effectually to shut off all circulation within the vessels of this organ."

He did not consider uterine phlebitis, lymphagitis, endometritis, or any other inflammatory condition as essential to produce the disease.

"The effect of this noxious impregnation of the general system was next considered, and it was shown that the quantity modified the result in a most singular way—a small quantity being eliminated by intestinal or urinary secretion, whilst a larger dose killed. When the uterus was very lax, and admitted of a ready flow of noxious fluid through the sinuses, the woman was stricken down as if by some fell pestilence, and sank in a few hours—'where the secretions are all suspended, and the patient sinks with rapidity.' When the deleterious fluid is introduced in smaller quantity, the system, after a vain struggle with the poisonous infection, sinks in a few days, the chief morbid appearance after death being extensive peritonitis of a peculiar character, copious exudation of soft friable lymph, and much serosity."

"On the subject of treatment, when the disease was once developed, the principles were considered to be—(1) to prevent the further injurious impregnation of the system, either by obstructing the further flow along the uterine sinuses, or by removing the noxious fluids from the interior of the uterus; (2) by supporting the system during the struggle in which it is engaged, and by meeting any incidental complication which might present itself; and (3) perhaps a further source of treatment was now afforded, which might enable us to counteract, to some extent at least, the deleterious impregnation which has already taken place. The first would be attained by procuring, if possible, the further contraction of the uterus, or by inducing the coagulation of the blood in the uterine sinuses. But the principal curative means appeared to rest upon the removal of all noxious fluids from the interior of the uterus, by cleansing it with a tepid solution of any sulphite or hyposulphite of soda each day or oftener; and should any fluid gain entrance into the uterine sinuses, it would probably be more beneficial than otherwise. The means to support the system were too well known to require notice; whilst deleterious impregnation, which had already taken place, might be met by the internal administration of sulphite of magnesia or lime, in doses of one scruple to half a drachm every two or three hours."

Dr. GRAILY HEWITT had long entertained the

idea that a very close connection subsisted between a loose relaxed condition of the uterus after delivery, and the supervention of puerperal fever. He had followed a plan of treatment based on this idea, and had frequently insisted upon it in teaching. He considered it proven, that puerperal fever and allied disorders are not necessarily and inseparably connected with the existence of inflammatory changes in the tissues of the uterus and neighboring parts. He believed with Dr. SNOW, that the disease arose from the introduction of putrescent or decomposing material into the uterine sinuses, and thence into the general circulation.

In reference to the prophylaxis of the disease, these observations were interesting. The binder served a very important purpose, and he was in the habit of paying the greatest attention to its careful application; believing that in a well-contracted uterus we have the best safeguard against puerperal fever.

The President, Dr. BARNES, coincided in the views expressed, but wished to specially direct attention to the necessity of contraction of the uterus as a preventive of puerperal fever,—he would say, that contraction was eminently desirable to accomplish, but he had seen repeatedly puerperal fever occur in women after perfect contraction, and, on the other hand, no puerperal fever although the uterus remained relaxed.

As a means of preventing the loss of blood—as hæmorrhage undoubtedly predisposed to puerperal fever,—he had found nothing of equal efficacy to the injection of a solution of perchloride of iron into the uterus, after clearing out the cavity of placental remains and clots. He had used this plan for several years, and in a large number of cases after labour and abortion, and had always had reason to congratulate himself upon the result.

A New Source of Iodine.

The *Mechanic's Magazine*, speaking of new sources of several rare substances, says: "Another interesting example is the discovery of a mineral source of that very valuable substance, iodine. The ocean is the great storehouse of this element, all sea-water containing the iodides of sodium and magnesium, but only in such small relative quantity that to extract iodine directly from sea-water is not practicable, and hence seaweeds, which have the power of attracting it from the element in which they live, and assimilating it into their own substance, have hitherto formed the whole commercial source of it. Chemists have been aware of its existence in certain Mexican silver ores, in various land plants growing near the sea, in sponges, and in the oil of the liver of various fishes; but none of these bodies, animal, vegetable, or mineral, contain it in such quantities as would pay for extraction. There is said, however, to have been lately discovered in Chili a mineral consisting of a mixture of iodide of lead, with the oxide and chloride of that metal in such proportion as to contain ten per cent. of iodine. This mineral is believed to exist in considerable abundance, and if it really does so, a great reduction in the commercial price of iodine must be a speedy result of its discovery. Such a result

would be a great boon to the art of photography, and also to that of dyeing, since the brilliant dye recently discovered by Dr. HOFFMAN, though the first, will doubtless not be the last, having this element among its constituents."—*Druggists' Circular*.

Vermifuges.

Dr. VIANI, of the Island of Réunion, in the *Répert. de Pharmacie*, tells us that, of all vermifuges, the best he knows is the juice of the *Larica papaya*. Santonine, he says, is used to an enormous amount in the island; but, for some reason or other, it often fails as a remedy. The milky juice of the papaya is a sure and infallible remedy. Some years ago, the children of every family in the island were wont once a year to take "papaya milk." When properly administered, moreover, it is a perfectly harmless remedy. It is a very ancient remedy, and may well be brought again into favor in all countries where the *Larica papaya* grows.

Glycerine.

Glycerine is recommended as a vehicle for applications to the larynx—such as tannic acid, alum, perchloride of iron, and the salts of morphia. Its viscosity causes it to adhere to the surface. It should be applied to the larynx by means of a brush.

Cataract.

Sir DAVID BREWSTER, the veteran philosopher, so highly distinguished for his optical discoveries, read a paper before the Royal Society of Edinburgh, on Monday, 16th January, "On the Causes and Cure of Cataract." He showed the differences between the various forms of cataract, as determined by the composition and structure of the crystalline lens, and suggested that in cases of soft cataract a cure might be effected by injections of albumen into the lens.

Reviews and Book Notices.

The Army Surgeon's Manual, for the use of Medical Officers, Cadets, Chaplains, and Hospital Stewards. Containing the Records of the Medical Department, all General Orders of the War Department, and Circulars from the Surgeon-General's office, from January 1st, 1861 to April 1st, 1865. By WILLIAM GRACE, of Washington, D. C. *Second Edition*. Published by permission of the Surgeon-General. Pp. 225. New York: Bailliere Bros. 1865. Price \$2.

A second edition of this work having been so speedily called for, is evidence that it has supplied a want of the service. This edition, it will be observed, is brought down to the first of April. No one could have better facilities for preparing such a work than Mr. GRACE, as he has at his command all the records of the Surgeon-General's department.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JULY 1, 1865.

A NEW VOLUME.

This number commences the *Thirteenth* volume of the MEDICAL AND SURGICAL REPORTER in its weekly form. Not a few of our subscribers have taken the work from the commencement, and are well acquainted with its past course on all matters of interest to our profession. We have sought to give to the practitioner of legitimate medicine in this country a high-toned, independent, practical, weekly medical journal. The REPORTER has heretofore been pledged—and that pledge is hereby renewed—to do everything in its power to advance the interests of our noble profession, to elevate it both socially and intellectually, and to make literature as remunerative as possible to medical writers by raising the standard of compensation. We have sought to give good medical and surgical literature a wide circulation, by putting it into a practical popular shape, and by identifying the REPORTER, as far as possible, with the interests of the profession of the whole country.

It is no disparagement to our good intentions, and does not detract from what we have been enabled to do, that we are obliged to confess that the distracted condition of the country for the past several years has very materially interfered with our plans, and postponed—it has done nothing more—their full accomplishment. That crisis, by the favor of Providence, has been passed in safety. We have outlived the ruin and devastation which have left scattered along the track of the past four years of relentless war the wrecks of many other literary enterprises—not entirely unscathed, it is true, but alive still. From the black clouds of war, peace has burst suddenly upon us, and our people, with characteristic energy, are applying themselves unitedly to the task of repairing the waste places and restoring the old landmarks, with so much earnestness and good-feeling, that unbounded prosperity can scarcely fail to be an inevitable result. Having in faith and confidence borne the burdens of the years of adversity, we shall venture to lay a modest claim to a share of the rewards of the coming prosperity.

With the hearty cooperation of the subscribers and readers in efforts to extend its circulation, and in contributions to its columns, the literary value of the REPORTER may be greatly increased, until in this respect it becomes unrivalled, as it long has been in respect to extent of circulation.

AMENDMENTS OF THE CONSTITUTION OF THE AMERICAN MEDICAL ASSOCIATION.

The following were the amendments to the Constitution of the American Medical Association, offered at the late meeting at Boston. They lie over, according to the rule for a year.

By Dr. TONER, of Washington, D. C.—That Delegates on registering their names shall pay the sum of \$5, and permanent members, \$3. This amendment, if passed, would effectually remove the difficulty complained of, by the treasurer of a deficiency of income to pay the expense of issuing the transactions. We hope the amendment will be adopted.

Dr. MAYBURY, of this city, offered an amendment to this effect: Add to the end of paragraph 14, art. 2, "and shall continue such so long as they remain in good standing in the body from which they were sent as delegates."

Dr. TONER proposed to still further amend the same section, by striking out the clause, "and of such other members as may receive the appointment by a unanimous vote."

Both these propositions met with much favor, and it is probable that the amendments will be adopted at the next meeting. There certainly should be some check upon the loose manner in which members have been received into the Association. The indorsement of local societies, would be an effectual test of a man's standing, and prove a barrier to the admission of unworthy members.

THE SAFETY OF TRAVELLERS.

The Legislature of New Jersey, at its late session passed an important act having in view the safety of the lives and limbs of passengers on the railway lines through the State. It provides that after the 4th inst., all companies carrying passengers on any railway in the State shall "cause to be applied to all their passenger cars which they now use or hereafter may use upon their railroads, at each end of each of said cars, an apron or other connection similar to that in use upon many of the passenger cars of the Camden and Amboy Railroad Company, and which shall cover the space between the platforms of said cars, and be sufficient to prevent the fall of any person between said cars."

Very well, so far. But that is not the way in which loss of life generally occurs on our railways. It is from collisions—one train of cars running into another, while standing on the track, and that sometimes in the most reckless manner. The double tracks now being laid on the main

lines through the State, will do something to check the loss of life in this way, but still conductors and engineers will be reckless. In this connection it might be well to investigate into the relation between the loss of life by railway, and intemperance on the part of the employees of the road. In our view it would be found to be very close.

INHUMAN TREATMENT OF ANIMALS INTENDED FOR FOOD.

To condemn an animal to be slaughtered is, in too many instances, to give it up during the intervening days between condemnation and execution, to the most inhuman torture. Cattle and sheep are rapidly driven to market in hot, dry, weather, with very inadequate provision for feeding and watering, and insufficient rest. In this starved, overheated condition, the animal is surely not fit to be slaughtered for food. But this is not the worst treatment by far, to which poor animals and fowls intended for the shambles are subjected. It is enough to make one's heart bleed, to see the cruelties practiced upon calves which are brought to market. With their legs tied together, they are thrown about the boats and wharves as though they were inanimate, pitched into a wagon or cart without any reference to comfort, and brutally stamped upon to pack them closely, their heads and legs hanging over the edge of the vehicle, and then jolted through the streets, as if they had no feeling.

But even this refinement of cruelty is, if anything surpassed, by what we are credibly informed may be seen on a public wharf in one of our large cities, viz., the scalding and plucking of fowls while they are alive! Surely, such heartless cruelty to animals—which is, indeed, very mildly stated above—should be checked by law, if only upon that ground alone. But we claim their attention to it on grounds bearing upon the health of the community; starved, overdriven, bruised, and scalded meat not being fit for food. This is a matter that our profession should take pains to enlighten the community on.

TO A CORRESPONDENT.

We have received one or two communications from an anonymous writer in western Maryland, who chooses to take exceptions to remarks we have felt it our duty to make on one or two occasions, bearing on matters in which our profession is interested, connected with the late rebellion. It is a matter of very little consequence with us, what the opinions or feelings of such a man are. This country is no place for him. No executive pardon is adequate to reach his case. North of the St. Lawrence, West of the

Rio Grande, or better, across the Atlantic is his proper place. The facts that we recently published in relation to the Yellow Fever plot, were taken from *British testimony*, and cannot be gainsayed. They are too palpable.

As a Southern man, born in Tennessee, cradled in Alabama, and brought up in Georgia, we protest against the defence by northern men of such infernal wickedness, as the murder and starvation of prisoners, the introduction of pestilence, incendiarism, robbery, assassination, etc., schemes of desperate wicked men, who misled the South to her ruin. They intended it for evil, but in the providence of God great good seems to be rapidly coming out of it. The good and true men of the South will repudiate such men and their principles, and their northern aiders and abettors will find it more profitable to seek better employment than to traduce their country. We warn off all such—they waste time, ink and paper in writing to us.

Notes and Comments.

The Hospital Bulletin

Is the title of a neat little paper issued from the Ward U. S. A. General Hospital, Newark, New Jersey. The Ward Hospital contains upwards of a thousand beds, and our old correspondent, Dr. J. T. CALHOUN, is the Surgeon-in-charge. Our readers are well aware of the fact that Dr. CALHOUN knows how to write—even though his *notes* be rough—and they would gladly welcome him back to the pages of the REPORTER. We are pleased to announce that they may expect a speedy resumption of his communications to our pages.

The *Bulletin* will doubtless be the source of much pleasure to officers and inmates of Ward Hospital and others.

Complimentary.

The contraction of hospital accommodations in consequence of the close of the war, has made it necessary to discharge four of the Acting Assistant Surgeons lately connected with the Knight U. S. A. General Hospital, New Haven, Connecticut, viz., Drs. W. HOOKER, D. L. DAGGETT, T. B. TOWNSEND, and WM. H. THOMPSON, on which occasion the Surgeon-Commanding, Dr. P. A. JEWETT, U. S. V., issued a complimentary order, from which the following is extracted.

"3. The Surgeon-Commanding desires thus publicly to express his regret at parting with them; to bear testimony to their high professional attainments and skill; to their success in the treatment of the cases under their charge, and to their uniform gentlemanly conduct. It is with unfeigned regret that he is forced to close his relations with them.

Dr. Montrose A. Pallen.

We have seen this gentleman's name among those who have received the Executive pardon. If such is the case, we should regard it as presumptive evidence that the charge that he was engaged in the plot for which he was expelled from the American Medical Association, is not supported.

Epilepsy from Fracture of the Skull.

A correspondent mentions a case of epilepsy; patient thirty-five years of age. When about fourteen years old fell on a stone and fractured the skull at the upper portion of the occipital bone, leaving quite a depression. From that time to within a year he has had attacks of faintness, which are now changed into epileptic seizures. Our correspondent asks whether the operation of trephining, and elevating the depressed bone might not prove successful in this case. Such an operation certainly seems to be indicated, and might entirely relieve the patient of his epileptic attacks. After such a lapse of time, however, since the receipt of the injury, it would be well to be prepared for a failure.

The Russian Epidemic.

The epidemic at St. Petersburg does not seem to be diminishing. By the last accounts the number of persons suffering from it amounts to from 300 to 350 daily, and the number of deaths to about 90. On the 23d of May there were 4,430 patients in the hospitals, 364 new ones were admitted, 253 were sent away cured, and 97 died.

NEW YORK, June 28.—A letter has been received at the Custom House here, addressed to the State Department by our Consul at Port Mahon, announcing that the Russian plague is extending westward more rapidly than is generally supposed, and advising that all cargoes arriving from Russian or Turkish ports be rigidly scrutinized before landing. The disease is said to be the same as that which visited London a century since.

News and Miscellany.**Operation for Stone.**

Dr. W. W. GREENE, of Pittsfield, Massachusetts, recently operated for stone on a child of less than five years, and removed an almond-shaped calculus, which weighed thirty-two grains, and measured in its greatest circumference two inches, and in its smallest $1\frac{1}{2}$ inches. The child is now quite well.

Statistics of the Provost-Marshal-General's Office.

With a view of rendering useful the large experience of physicians who have for three or four years been engaged in the examination of men for our Armies, a circular has been issued from the Medical Bureau of the Provost-Marshal-General's Office to surgeons of the Boards of Enrollment as follows:

The Provost-Marshal-General directs that you carefully prepare and forward to this office a written report, giving, as the result of your experience, information upon the following subjects:

1st. Your experience in the examination of men for military service, and the number examined, as near as can be ascertained.

2d. General geographical description of your district, with prevalent diseases, and causes conducive thereto; general character of its inhabitants, their modes of life and occupations.

3d. Reasons why any particular diseases or disabilities have disqualified a greater ratio per thousand from military service.

4th. Your views in reference to the different sections of Paragraph 85, Revised Regulations, Provost-Marshal-General's Bureau, and what changes you would recommend.

5th. State in minute detail your method of examining men.

6th. The number of men that can be physically examined per day with accuracy.

7th. Mention the frauds most to be guarded against, which are practised by drafted and enrolled men to escape, and by substitutes and recruits to enter the service, and any other obstacles you have had to contend with in the discharge of your duties, and make any suggestions as to the best method of avoiding or overcoming these difficulties in future.

8th. What nationality presents the greatest physical aptitude for military service.

9th. Your experience as to the physical qualifications of the colored race for military service.

10th. Your views as to the operation of the enrollment law as it now exists, with recommendations and suggestions in reference thereto.

The above queries are given as a general guide for the preparation of your "report." It is not supposed that they include all points of interest and value to this Bureau, and you will incorporate such other facts as you may consider important, as it is tended to publish such portions of your report as may be of special interest or value. This subject being one of much importance, the report should be carefully prepared, and forwarded as soon as practicable.

If not completed at the date of the termination of your services as Surgeon of Board of Enrollment, please complete and forward it as soon thereafter as convenient.

The answers to these questions, when all are collected, will form an exceedingly valuable account of the physical characteristics of the American people. It will be seen that the most interesting facts that are brought to light, will be

printed for the information of the medical profession and of the public.

Effects of Flowers on the Atmosphere.

It is well known that, whilst the foliage of vegetables generally supplies oxygen to the air and absorbs carbonic acid, thus tending to counteract the effects of animal respiration, flowers have a very different operation, nearly resembling that of the lungs of animals. The *Journal of Pharmacy* contains an abstract of a paper recently published in Paris, which says:

1. That all flowers left in a limited atmosphere of normal air, consume oxygen and produce carbonic acid in proportions varying as the flower is scentless or not.

2. That the circumstances under which the phenomenon takes place being identical, the proportion of carbonic acid increases as the temperature is raised.

3. That generally with flowers from the same plant and of equal weight, the quantity of carbonic acid produced is rather greater when the apparatus in which the experiment is performed is exposed to the light, than when it is in darkness; that the proportion is, nevertheless sometimes the same under either condition.

4. That when the normal air is replaced by pure oxygen, the difference becomes much more marked.

5. That buds, produce rather more carbonic acid than fully developed flowers, which is explicable by the greater vitality of the buds.

6. That flowers left in inert gas disengage small quantities of carbonic acid.

7. Finally, the pistil and stamens, which possess the greatest vitality of any part of the flower, consume the greatest quantity of oxygen, and produce the largest proportion of carbonic acid.

Increased Salubrity of Paris.

The following statistics of the diminished mortality in Paris extend over a period of twenty-four years. In 1841 the population of twelve parishes amounted to 935,000 persons, and one death in 36 is proved. In 1864 the number of deaths was one in 40. Wide streets and open boulevards have replaced the narrow passages and crowded courts of old Paris. Also there is an immense increase in the quantity of water. In 1840, 65,000 cubic *mètres* were distributed in twenty-four hours, whereas in 1863, 133,258 cubic *mètres* were supplied. In 1840 there were 36,000 *mètres* of sewers, whereas in 1863 the sewers of Paris attained the surprising length of 350,000

mètres—that is 90 leagues. Another cause of the increased salubrity of Paris is the immense number of squares and open gardens created for the use of the people.

An English Cure for Drunkenness.

There is a prescription in use in England for the cure of drunkenness, by which thousands are said to have been assisted in recovering themselves. The receipt came into notoriety through the efforts of JOHN VINE HALL, commander of the Great Eastern steamship. He had fallen into such habitual drunkenness that his most earnest efforts to reclaim himself proved unavailing. At length he sought the advice of an eminent physician, who gave him a prescription which he followed faithfully for seven months, and at the end of that time had lost all desire for liquor, although he had been for many years led captive by a most debasing appetite.

The receipt, which he afterwards published, and by which so many other drunkards have been assisted to reform, is as follows:—Sulphate of iron, five grains; magnesia, ten grains; peppermint water, eleven drams; spirit of nutmeg, one dram; twice a day. This preparation acts as a tonic and stimulant, and so partially supplies the place of the accustomed liquor, and prevents that absolute physical and moral prostration that follows a sudden breaking off from the use of stimulating drinks.—*Druggists' Circular*.

Extraordinary Cure.

A writer in the *Chicago Medical Examiner* has cured a case of double pneumonia with bronchitis and diarrhoea, which appeared almost hopeless when first seen by him, by quinae sulph. gr. j, and plumbi acet. gr. ss., every two hours; the diarrhoea having been controlled by antimonial wine and demulcents! The *Pacific Med. Journal*, in noticing the case, very properly remarks, that "such patients not only set death at defiance, but also the laws of chemistry and therapeutics."

Lemon Juice.

(*Factitious*.) Citric acid, 2½ oz., gum, ½ oz., lemon peel ¼ oz., lump sugar, 2 oz., boiling water, 1 quart; macerate till cold, and strain. Quality superior.

Lemonade Powders.

White sugar, 36 drachms, carbonate of soda, 4 drachms, essence of lemon, 15 drops; divide into 12 blue papers; In 12 white papers divide 6 drachms of tartaric acid. Mix the first well in water, and add the last. Each powder contains 3 drachms of sugar, 20 grains of soda, 2 drops of

essence of lemon, and 30 grains of acid. Pleasant refrigerant drink.

Malt as Food.

The experiments of Mr. Lawes establish that the increase of live weight in animals fed upon malt is less than in those fed upon unmalted barley. In the case of cows, too, less milk was given by the malt-fed than by the barley-fed animals. The experiments of Mr. Lawes were very conclusive, and appear to have been very fairly conducted.—*Chem. News.*

Pressure of Ice through Small Apertures.

The *London Chemical News* says, that 'M. Tresca finds that ice issues in exactly the same way as solid bodies (soft metals and ceramic pastes) from a small aperture when submitted to great pressure. The jet is formed of perfectly distinct concentric tubes; which, however, in this case are grooved through their entire length with transverse fissures, which gave to the jet the appearance of being made up of washers arranged one after another. The results support strongly Dr. Tyndall's theory of constitution of glaciers. Some effects resembling moraines were, indeed, seen when colored ice was employed in the experiments.

Army and Navy News.

ARMY.

MISCELLANEOUS.—Ass't Surgeon Wm. F. Buchanan, U. S. A., is announced as Assistant Medical Director, Department of the South.

Ass't Surgeon H. E. Williams, U. S. V., has been appointed Treasurer of the Officers Camp, at DeCamp General Hospital, David's Island, New York.

CHANGES.—Ass't Surgeon A. A. Woodhull, U. S. A., has been relieved from duty in the Department of Va., and assigned to duty in the office of the Surgeon General.

Ass't Surgeon B. Stone, and J. H. Porter, U. S. V., have been relieved from duty in the Surgeon General's office, and ordered to report to Surgeon R. O. Abbott, U. S. A., Medical Director, Department of Washington, for assignment to duty.

Ass't Surgeon H. A. Dubois, U. S. A., has been relieved from duty with the command of Major-General Sheridan, and ordered to report to the Medical Purveyor, Philadelphia, for duty in the United States Laboratory at that place.

Ass't Surgeon Herman Loewenthal, U. S. V., has been relieved from duty in the Army of the Potomac, and ordered to report to the Medical Director, Department of Washington, for duty at the Douglass General Hospital.

Ass't Surgeon John Van Sant, U. S. A., is relieved from duty with the Army of the Potomac, and ordered to report to Gen. Sheridan for duty.

Ass't Surgeon M. J. Asch, U. S. A., is relieved from duty in the Department of Va., and ordered to report to Gen. Sheridan for duty.

Surgeon J. T. Ghiselin, U. S. A., has been relieved from his present duties with the cavalry recently under the command of Major-General Sheridan, and ordered to report to that officer for duty.

PROMOTIONS.—Ass't Surgeon G. M. McGill, U. S. A., has been promoted to be Major, by brevet.

Surgeon Jas. R. Smith, U. S. A., has been promoted Lieut. Colonel, by brevet.

Ass't Surgeons B. L. Hovey, S. J. Ratcliffe, and C. T. Reber, have been promoted to be Surgeons of Volunteers.

MUSTERED OUT.—The following officers of the Medical Department have been mustered out of service to date June 1st, 1865: Surgeons D. R. Darby, New Jersey; J. McNulty, E. McDonald, and A. B. Mott, New York; C. C. Dunrecher, J. D. Straubridge, R. K. Smith, J. Owen, and L. Quick, Pennsylvania; F. S. Ainsworth, G. A. Wheeler, and T. R. Crosby, New England.

DISMISSAL.—Ass't Surgeon J. H. Sullivan, 31st New Jersey Volunteers, to date May 17, 1865, having been previously dismissed the service as Assistant Surgeon of Volunteers, for drunkenness and neglect of duty; the disability resulting from said dismissal never having been removed, and charges of a similar nature now standing against him.

DISMISSAL REVOKED.—Ass't Surgeon Theodore D. Brooks, 38th Ohio Volunteers.

RESTORED TO COMMISSION.—The following named officers, heretofore dismissed, have been restored, with pay, from the date at which they rejoin their regiments for duty:

Surgeon George J. Potts, 23d United States Colored Troops.

Surgeon E. Hutchinson, 137th New York Volunteers.

NAVY.

REGULAR NAVAL SERVICE.

ORDERED.—Surgeon Charles H. Burbank, to the *Vandalia*.

Ass't Surgeon Wm. F. Cottrell, to the Naval Hospital, Chelsea, Mass.

Ass't Surgeon Geo. H. Cook, to duty at the Naval Hospital, N. Y.

Surgeon Wm. M. Wood, to report to Rear Admiral Stringham, for duty as member of a board.

Ass't Surgeon John T. Luck, to the New York Yard.

Ass't Surgeon Sam'l F. Shaw, to the Naval Academy.

Surgeon James McClelland, to the *Colorado*.

DETACHED.—Ass't Surgeon S. J. Clark, from the *Vandalia*, and waiting orders.

Surgeon D. Kindleberger, from the West Gulf Squadron, and placed on sick leave.

Ass't Surgeon J. F. Cottrell, from the *Mackinaw*, and waiting orders.

Ass't Surgeon Geo. H. Cooke, from the *Mendota*, and waiting orders.

Ass't Surgeon Wm. H. Westcott, from the *Nereus*, and waiting orders.

Surgeon William S. W. Ruschenberger, from duty as a member of the Board of Examiners at the Naval Asylum, Philadelphia, and ordered to duty on board the *Colorado*, as Surgeon of the Fleet of European Squadron.

Passed Ass't Surgeon R. T. Edes, from the Naval Hospital, Chelsea, Mass., and ordered to the *Colorado*.

Passed Ass't Surgeon Wm. T. Plant, from the Naval Hospital, N. Y., and ordered to the East Gulf Squadron.

Passed Ass't Surgeon J. J. Allingham, from the New York Yard, and ordered to the *Frolic*.

Ass't Surgeon H. J. Babin, from the *Mercedita*, and ordered to the Navy Yard, Washington, D. C.

Passed Ass't Surgeon E. S. Matthews, from the East Gulf Squadron, and on sick leave.

Passed Ass't Surgeon H. M. Wells, from the *Onon-*

daga, on the reporting of his relief, and waiting orders.

Surgeon Robert L. Wheeler, from Naval Rendezvous at Chicago, and waiting orders.

Passed Ass't Surgeon H. D. Burlingham, from the Naval Rendezvous at Cincinnati, and waiting orders.

Surgeon Edward Gilchrist, from the East Gulf Squadron, and granted sick leave.

Passed Ass't Surgeon D. R. Bannon, from the Navy Yard, Washington, and ordered to the *Shawmut*.

Passed Ass't Surgeon E. C. Vermuelen, from the Naval Hospital, N. Y., and ordered to the *Colorado*.

Ass't Surgeon J. B. Ackly, from the *Bermuda*, and waiting orders.

Passed Ass't Surgeon H. M. Wells, from the *Onondaga*, and waiting orders.

Surgeon Albert Schriver, from duty as recorder of the Naval Medical Board at Philadelphia, and leave granted for three months.

PROMOTED.—Ass't Surgeon Geo. W. Wood, Geo. D. Slocum, J. J. Allingham, Wm. T. Plant and Jos. Hugg, to Passed Ass't Surgeons, U. S. N.

Act'g Ass't Surgeon Hosea J. Babin, to Ass't Surgeon U. S. N.

RESIGNED.—Ass't Surgeon Charles H. Perry, of Worcester, Mass.; Ass't Surgeon Wm. B. Mann, of N. Y.; Ass't Surgeon Steven J. Clark, of N. Y.; Passed Ass't Surgeon H. D. Burlingham, of the *Colorado*; Ass't Surgeon Robert Willard, of New Orleans, La.; Passed Ass't Surgeon Robert T. Edes, of the *Colorado*.

MARRIED.

CLARK—VONDERSMITH.—In New York, on Tuesday, June 20, at the residence of the bride's father, by the Rev. Thomas D. Anderson, D. D., Charles H. Clark, and Josie, daughter of E. M. Vondermuth, M. D., all of New York city.

DICKSON—WILSON.—At Woodside, Md., June 15, by Rev. Dr. Sewall, Rev. Samuel M. Dickson, and Harriet, daughter of Dr. Joshua Wilson.

DIED.

BUTLER.—On Darby Road, West Philadelphia, June 23d, of congestion of the brain, Lawrence Price, infant son of Dr. Samuel W. and Mrs. Anne H. Butler, aged 4 months and 21 days.

DA COSTA.—On the 18th June, in this city, John M. Da Costa, infant son of Dr. J. M. and Sarah F. Da Costa.

MOORE.—In Germantown, on First-day morning, 25th ult., Dr. J. Wilson Moore, in the 76th year of his age.

RAYMOND.—In Cosneaut, Ohio, June 18th, of diphtheria and erysipelas, Dr. D. W. Raymond.

Dr. R. had practiced medicine for over thirty years in Cosneaut, and in the country round, over an area covered by a radius of forty miles. He stood at the head of his profession in that region, and as a man and a physician was beloved and respected by all.

OBITUARY.

SURGEON WILLIAM WHEELAN, U. S. N.—At a meeting of the Medical Officers of the U. S. Navy, held at the U. S. Naval Hospital, Brooklyn, June 14, 1865, to express their feelings on the occasion of the decease of Surgeon William Wheelan, U. S. N., late Chief of the Bureau of Medicine and Surgery, the following preamble and resolutions were submitted and passed:

Whereas, it has pleased Divine Providence to remove from his sphere of duty and usefulness, the late head of the Medical Corps of the U. S. Navy, therefore be it

Resolved, That we take a sad pleasure in recognizing the eminent ability and worth, both public and private, which distinguished the character of the lamented deceased.

Resolved, That we sympathize most deeply and sincerely with his family and friends, feeling that our loss is only second to theirs.

Resolved, That a copy of these resolutions be transmitted to the family of the deceased.

R. F. BACH, Surgeon U. S. N., Chairman.
C. EVERSHED, Surgeon U. S. N., Secretary.

At a meeting of members of the Medical Corps of the Navy, held at the navy yard Philadelphia, on Monday, June 19th,

Surgeon Thomas Dillard was called to the chair, and Surgeon Philip Lansdale was appointed secretary.

The meeting was called to order by the chairman, and its object stated, viz: to give expression to the feeling of the Medical Corps of the Navy on the loss sustained in the recent death of Surgeon WILLIAM WHEELAN, late Chief of the Bureau of Medicine and Surgery.

On motion of Surgeon James M. Greene, it was

Resolved, That a committee of three be appointed by the chair to draft resolutions.

The chair appointed Surgeons Greene, Ruchenberger, and Shippen.

After a recess of half an hour, the committee reported the following resolutions, which were unanimously agreed to:

Resolved, That we sincerely sympathize with the family and relatives of the deceased, in their bereavement, and that we offer them, under so melancholy a dispensation, our heart-felt regret and most sincere condolence.

Resolved, That in the death of Dr. WHEELAN the service has lost one of its best educated and zealous officers. It is surmised that his untiring industry, and unremitting attention to the duties of his office, laid the foundation of the painful disease which terminated his life.

Resolved, That in the opinion of this meeting, Dr. WHEELAN administered the affairs of the office with marked ability and impartiality, manifesting neither preference nor prejudice in the delicate duty of detailing officers for service.

Resolved, That these proceedings be signed by the chairman and secretary, and published in the papers of the city, and that a copy of them be sent to the family of the deceased.

The meeting then adjourned.

ANSWERS TO CORRESPONDENTS.

Dr. J. H. Chesholt, Ohio.—Med. Lexicon, by Roosa, was sent by mail on 24th ult.

Dr. J. B. W. Fryburg, Pa.—Gray's Anatomy was sent by mail on 26th ult.

Dr. J. C. Dudley, Pa.—Rigby on Female Diseases, was sent by mail on 26th ult.

Dr. A. G. W. Pittsburg, Pa.—Hamilton on Fractures and Dislocations, Von Treitsch on the Ear, were sent by mail on 27th ult.

Dr. J. F. J. Perrysville, Ohio.—Pereira's Prescription Book was sent by mail on 27th ult.

Dr. S. F. McP., Oxford, N. Y.—Turnbull, on Defective and Impaired Vision, was sent by mail on 27th ult.

METEOROLOGY.

June	19,	20,	21,	22,	23,	24,	25.
Wind.....	S. W.	S. W.	S. W.	S.	S. W.	S. W.	S. W.
Weather.....	Clear, C'dy.	Clear, C'dy.	Clear, C'dy.	Clear, Showr.	Clear.	Clear.	Clear.
Depth Rain.....		T. & L. 1.10					
Thermometer.							
Minimum.....	65°	67°	68°	65°	63°	67°	65°
At 5 A. M.....	75	80	80	77	75	80	79
At 12 M.....	83	82	83	85	86	85	86
At 5 P. M.....	84	81	82	68	88	86	86
Mean.....	76.75	77.50	78.25	73.25	78.	79.50	79.
Barometer.							
At 12 M.....	30.1	30.1	30.1	30.1	30.2	30.1	30.1
Germantown, Pa.	B. J. LEEDON.						

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WE are in pressing need just now of a few copies for new subscribers, of No. 414, Feb. 4, 1865.

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